



CITY OF DAHLONEGA
465 RILEY ROAD
DAHLONEGA, GA 30533

**PROCEDURE FOR OBTAINING BUSINESS/OCCUPATION TAX
CERTIFICATE (BUSINESS LICENSE)**

1. Print the attached application or contact the City of Dahlonega Planning & Zoning Department to obtain the license application for your particular business situation.

2. Please provide the following information as well as other documentation which may apply.

- Copy of Drivers License
- Fire Dept. Inspection Sheet- Approval required for all businesses. Call: 706-482-2642
- Food service permit from health dept. (Required of restaurants or if food prepared on site)
- Department of Agriculture License- required of grocery stores, convenience stores etc...phone #: 770-531-3973
- Sales Tax Number - Any questions should be directed to the Georgia Department of Revenue at 877-423-6711 or go to Georgia.gov website and under the Business link go to Applying for State Tax Registration and follow instructions. I recommend you read the State Tax Registration Instructions also listed there.
- The U.S. Internal Revenue Service issues an Identification Number (E.I.N.) to any business that: 1) has employees, and/or 2) plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). The telephone number to call to obtain this number or for questions concerning it is 1-800-829-1040.
- State license/Certification - Certain professions are required to obtain licenses/certifications from the State of GA. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, and Cosmetologists. Call 912-207-1416 for further information. Documentation of this certification must be presented.

3. Please complete all pages of the application, return with the fee and any attachments. If application is complete your tax certificate should arrive at your mailing address in **approximately seven (7) days**.

Sign Info: Application is available on the website or at city hall. The review process could take up to 7 days, so get your application in as soon as possible.

Water Service: To avoid interruption/termination of service be sure to apply for water service at the Customer Service desk. Water service application is available at Dahlonega-GA.gov



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OCCUPATIONAL TAX LICENSE APPLICATION

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other

Name of Applicant: _____

Name of Business (as listed on any state or federal licenses): _____

Address of Business: _____ Zoning District: _____

Mailing Address if different: _____

Business Phone #: _____ Other #: _____

*Home Address: _____ *Home Phone #: _____

*information is required for office use only and is not available to the public

Owner of building: _____ Phone #: _____

Type of Business: (describe) If business requires additional license i.e. food service or state or federal license attached copy of that license: _____

Number of Employees: _____ *To calculate the number of equivalent full-time employees, first multiply the total number of all hourly employees of the business for the calendar year preceding the year for which the occupation tax is being levied times the total number of hours worked by all hourly employees of the business during said preceding calendar year, then divide the total number of hours worked by all hourly employees by 2080 to determine the total number of equivalent full-time hourly employees of the business. Fee : 0-9 is \$150; 10-19 is \$150 plus \$6 per employee over 10; 20-99 is \$160 plus \$4 per employee over 20; 100 or more is \$516 plus \$2 per employee over 100. **License fees are pro rated after July 1.***

****Each of the following listed occupations and professions shall pay a regulatory fee of \$50.00 per year **plus** the business license fee based on number of employees.

Auto and motorcycle racing; Boarding houses; Boxing and wrestling promoters; Burglar and fire alarm installers; and Businesses which provide appearance bonds; Carnivals; Dealers in precious metals; Escort services; Firearms dealers; Peddlers; Fortunetellers; Garbage collectors; Handwriting analysts; Health clubs, gyms and spas; Hotels and motels; Hypnotists; Landfills; Locksmiths Massage parlors and therapists; Modeling agencies; Parking lots; Pawnbrokers; Scrap metal processors; Shooting galleries and firearm ranges; Stables; Tattoo artists; Taxicab and limousine operators; Vending boxes and machines;

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Is this a home occupation? ☐ If this is a home occupation you must conform to Ordinance 91-9 Section 713. Your signature below indicates you will meet these requirements.

If you are installing a sign(s) a permit is required, have you applied?

The information contained in this application is true and correct to the best of my knowledge.

Applicant's signature

Date

Copy of Occupational Tax Ordinance is available for review at city hall or city's website Dahlonega-GA.gov



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By executing this affidavit under oath, as an applicant for a City of Dahlonega, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced on O.C.G.A. Section 50-36-1, from City of Dahlonega, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States Citizen
- 2) _____ I am a legal permanent resident of the United States
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 19 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. Section 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Dahlonega, Georgia on _____ day of _____, 20_____.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____.

Signature of Applicant:

Printed Name:

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not an alien registration number may supply another identifying number below:



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State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From Physical Address:
Actual Physical Address of Each Location of Such Business if Different From Mailing Address:
Sales Tax ID#, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov.

An Equal Opportunity Employer

Office: 706-864-6133 • Fax: 706-864-4837
www.dahlonega-ga.gov



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Private Employer Affidavit Pursuant To O.C.G.A. section 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies its compliance with O.C.G.A. section 36-60-6, stating affirmatively that on or after July 1, 2013, the individual, firm or corporation employs more than ten (10) employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. section 13-10-90.

Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, day of _____, 20__ in _____ (City) _____ (State).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:



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Private Employer Exemption Affidavit Pursuant To O.C.G.A. section 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. section 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 (10) employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. section 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the ____ day of _____, 20__ in _____ (City), _____ (State).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS

____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:
